

CONDUIT LICENSING APPLICATION CHECKLIST

Please check each item to insure they have been fully completed. Please enclose all required documentation and mail to:

**Bell Atlantic
Underground Conduit Licensing Staff
125 High Street, Room 1406
Boston, MA 02110**

Fax Number: 617-743-8785

- ☐ Enclosed-Application Check - \$425 new agreement.
- ☐ Enclosed -Completed Forms Exhibit A, Form 1, 2
- ☐ Have received approval for splice/slack/breakout locations (no splices allowed in manhole zero)
- ☐ Enclosed -Customer Profile Sheet – Form 3 complete with all requested name and address information.
- ☐ Enclosed-a detailed 8.5” X 11” stick drawing / Conduit Schematic – **including TOTAL ESTIMATED LINEAR FOOTAGE.**
- ☐ Enclosed-Letter of Agency – Required if you are acting on behalf of the cable owner.
- ☐ Enclosed-updated Certificate of Insurance – signed by an authorized representative of your insurance company. If not currently on file.
- ☐ Name, Address and Telephone number of person negotiating this Agreement:

Name:	
Address:	
Telephone Number:	Fax Number: